PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

| NSTRUCTIONS: This for uppropriate. All further conndicated unless corrected maintenance fee notification | rm should be used for trans rrespondence including the I below or directed otherwise | smitting the ISSUE FE Patent, advance orders a in Block 1, by (a) spec | E and PUBLICATION FEE (if recond notification of maintenance fees ifying a new correspondence addresses. | quired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep | should be completed where t correspondence address as parate "FEE ADDRESS" for | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENC | CE ADDRESS (Note: Use Block 1 for a | my change of address) | Note: A certificate of Fee(s) Transmittal. I papers. Each addition have its own certificate. | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| THOMAS, KAY 100 GALLERIA P STE 1750 | · | ER & RISLEY, I | C | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| ATLANTA, GA 30 | 0339-5948 | | Hµi Chin | Ba r nh i ll | (Depositor's name) | |
| | | | Lille. | Bhill | (Signature) | |
| | | | 4 Spil 1 | 7. 2006 | (Date) | |
| APPLICATION NO. | PPLICATION NO. FILING DATE FIRST NAM | | NAMED INVENTOR / | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/827,473 | 04/19/2004 | Ch | nung-Ren Wang | 250908-1290 | 3293 | |
| TITLE OF INVENTION: S | YSTEM OF NON-INTRUSI | VE ACCESS CONTRO | L AND METHOD THEREOF | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 06/21/2006 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | |
| LA, ANH V | | 2636 | 340-539130 | _ | | |
| CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate | e address or indication of "Fe dence address (or Change of 0 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use | Correspondence (1) or a (2) tion form regressor 2 re | agents OR, alternatively, the name of a single firm (having as istered attorney or agent) and the na | es of up to 3 registered patent attorneys R, alternatively, e of a single firm (having as a member a torney or agent) and the names of up to patent attorneys or agents. If no name is | | |
| PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN INSTITUTE | | low, no assignee data w f this form is NOT a sub (B) R TION INDUSTF | vill appear on the patent. If an assignstitute for filing an assignment. ESIDENCE: (CITY and STATE OR RY TAI | | R.O.C. | |
| a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # of | mall entity discount permitte | □ A d) ½ Pa | nent of Fee(s): check in the amount of the fee(s) is only the second of the fee(s) is only the second of the fee(s) is only the property of t | 38 is attached. | edit any overpayment, to ra copy of this form). | |
| · | (from status indicated above) | _ | | | | |
| | MALL ENTITY status. See 3 is requested to apply the Issu ublication Fee (if required) words of the United States Pate | | Applicant is no longer claiming SM. se (if any) or to re-apply any previous anyone other than the applicant; a rest. | | (8)() | |
| Authorized Signature | Dodl | 721 | / | n/ 17, 200 | | |
| Typed or printed name | Daniel R. Mc | Clure | Registration | No. 38,962 | | |
| his collection of information | on is required by 37 CFR 1.31 | 1. The information is re- | quired to obtain or retain a benefit by | y the public which is to file (an | d by the USPTO to process) | |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.